Division o	of Health Care Faci	lities				(X3) DATE S	URVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		COMPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUM	MBER:	A. BUILDING			C	
			B. WING	B. WING 03/2		9/2011		
		TN1801	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
NAME OF PE	ROVIDER OR SUPPLIER		80 JUSTIC	E ST				
LIFE CAR	E CENTER OF CRO	SSVILLE	CROSSVII	LE, TN 385	55		(VE)	
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR	1 ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETE DATE		
N 000	Initial Comments			N 000				
14 000	During a complaint investigation at Life Care Center of Crossville on March 29, 2011, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.						12	
				2)				
	C/O: #26598, #27 #27031, #26774, #26781	7729, #26856, #27127 #27367, #27113, #27	7, #27435, 7030,					
				ļ				
Division	of Health Care Facilities	5		1.	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Executive Director

If continuation sheet 1 of 1 4/7/11